

EXHIBIT “F”

DSCB 54-311 (Rev. 84)
FICTITIOUS NAME
REGISTRATION

CORPORATION BUREAU
DEPARTMENT OF STATE
308 NORTH OFFICE BUILDING
HARRISBURG, PENNSYLVANIA 17120

FI FEE: ☒ Corporate/Individual - \$65.00
☒ Corporation \$40.00
☐ Individual \$25.00
☐ Check Enclosed
☐ Charge Account # _____

In compliance with the requirements of Section 311 of Act 1982-295 (54 Pa. C.S. §311), the undersigned entity(ies) desiring to carry on or conduct a business in this Commonwealth under an assumed or fictitious name, style or designation, does (do) hereby certify that:

1. Fictitious Name: Merit Metal Products Corporation
2. Address of the principal place of business (including street and number): 242 Valley Road, Warrington, PA 18976 (COUNTY) Bucks
3. Brief statement of the character or nature of the business:
Manufacture, distribution and sale of metal products.
4. Individual or individuals interested in the business (name and address):
(NAME) (NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

5. Entity other than an individual interested in the business: NONE
(NAME) (FORM OF ENTITY) (ORGANIZING JURISDICTION) (ADDRESS IN JURISDICTION) (REGISTERED OFFICE (if any))
Stefanowicz & Lutz, Inc., corporation Pennsylvania, 242 Valley Road, Warrington, PA 18976
6. I am familiar with the provisions of Section 332 of the Fictitious Names Act and understand that filing under the Act does not create any exclusive or other right to the fictitious name.
7. Agent, if any, authorized to execute amendments, withdrawals, or cancellations:

IN TESTIMONY WHEREOF, the undersigned have caused this registration to be executed this 20th day of July, 19 88

Individual

Individual

Individual

Individual

Corporate Seal

Stefanowicz & Lutz, Inc.

Name of Corporation

Secretary or Assistant Secretary

President or Vice President

Corporate Seal

Name of Corporation

Secretary or Assistant Secretary

President or Vice President

- FOR OFFICE USE ONLY -

030 FILED	002 CODE	003 REV BOX	SEQUENTIAL NO.		100 MICROFILM NUMBER
	REVIEWED BY	004 SICC	AMOUNT		001 CORPORATION NUMBER
	DATE APPROVED		S		
	DATE REJECTED	CERTIFY TO	INPUT BY	LOG IN	LOG IN (REFILE)
		<input type="checkbox"/> REV.			
Secretary of the Commonwealth Department of State Commonwealth of Pennsylvania	MAILED BY DATE	<input type="checkbox"/> L & I	VERIFIED BY	LOG OUT	LOG OUT (REFILE)
		<input type="checkbox"/> OTHER			